

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29506

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp. **St. Louis Mo.** Primary Registration District No. **403**  
 City **St. Louis Mo.** (No. **City Hospital 2**) St. .... Ward)

File No. ....  
 Registered No. **8530**

**2. FULL NAME**

(a) Residence, No. **1837 Biddle** St., **21** Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-5**, 19**31**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George Hurt**

22. I HEREBY CERTIFY, That I attended deceased from **5-27** 19**31** to **8-5** 19**31**  
 I last saw h. **alive** on **8-5** 19**31** Death is said to have occurred on the date stated above, at **4:20** p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-6-1884**

The principal cause of death and related causes of importance were as follows:  
**23A**  
**Pulmonary Tuberculosis** 148

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**47** **4** **29**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laundress**  
 10. Date deceased last worked at this occupation (month and year) **unknown** 11. Total time (years) spent in this occupation **unknown**

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

Other contributory causes of importance:  
**823**

MOTHER 13. NAME **Nathan Dean**

Name of operation **Cholera** Date of **8-5-31**  
 What test confirmed diagnosis? **Cholera** Was there an autopsy? **no**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME **unknown**

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) **C. M. Smith**, M. D.  
 (Address) **City Hospital 2**

17. INFORMANT **A. Gertrude Crisp** (ADDRESS) **City Hospital 2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Forest Park** DATE **8/8/31** 19**31**

19. UNDERTAKER **Peoples Life** (ADDRESS) **3100 Franklin Ave.**

20. FILED **406-6** 19**31** Registrar **W. C. Stankler**

CAUSE OF DEATH IS IMPORTANT

